Chapter 69, Wis. Stats.

Division of Health Care Financing HCF 5210 (Rev. 05/03)

MADISON, WI 53701-0309

MAILING ADDRESS - Contact Person

**NAME** - Contact Person

If you have questions, please call: (608) 267-7816

## NAME CHANGE REQUEST WITHIN THE FIRST YEAR OF LIFE WHEN SURNAME CHANGE IS INCLUDED

Wisconsin State Statute 69.15 (4m) allows the parent(s) to use this form to change the name of a child once, without a court order, if all the following apply:

- The child was born in Wisconsin and is under 365 days of age as of the post mark date;
- The child's name has not been previously changed; and
- The appropriate parent(s) have signed the form [only original signatures of parent(s) and notaries are accepted, not photocopies]:
  - If both parents have legal custody, both parents must sign.
  - If one parent has sole legal custody and no paternity judgment action has been initiated, is pending or has been finalized, the signature of only one parent is required. If **any** paternity action related to custody or other parental rights has been started, both parents must sign this form to request a name change.

CHILD'S NAME AT BIRTH: _	First	Full Mid	11.	1 224	Tille (i.e.	In 11 111 ata
	FIRST	Full Mide	ile	Last	Title (I.e. J	lr., II, III, etc.)
CHILD'S DATE OF BIRTH: CHILD'S COUNTY OF BIRTH Month / Day / Year						
	<u> </u>					
Change the name of my child from		re to: (Print clea		ne name as you want it to appea	ir on the birth certific	,
First	Full Middle		Last			Title
EACH PARENT W				E PRESENCE OF A NOTAI	RY PUBLIC.	
	•	atures Must B				
PENALTIES: Any person who willfully guilty of a Class 1 felony [a fine of not m Statutes].						
FIRST (or sole) PARENT STATEMENT			SECOND PARENT STATEMENT			
I understand that I am only allowed to change the name of a child <b>once</b> without a court order. I attest that I have met the requirements of the above-mentioned Wisconsin statute.			I understand that I am only allowed to change the name of a child once without a court order. I attest that I have met the requirements of the above-mentioned Wisconsin statute.			
I am the above-named child's: (Check one.) ☐ Mother ☐ Father			m the abov	ve-name child's: (Check one	e.) 🗆 Mother	□ Father
My child's other parent must sig	ın this form: □ Yes	□ No				
SIGNATURE - Parent	NATURE - Parent Date Signed (Mo / Da / Yr)		GNATURE -	Parent	Date Signed (I	Mo / Da / Yr)
CERTIFICATE NOTARY SEAL	OF NOTARY PUBLIC	Ş	M233	CERTIFICATE OF NOT NOTARY SEAL	ARY PUBLIC	
Subscribed and sworn before i	me this	day of Si	ubscribed	and sworn before me this	S	day of
Month	Year	·  -		Month ,	Year	_•
SIGNATURE - Notary		<u>si</u>	GNATURE -	Notary		<del></del>
My Commission expires			My Commission expires			
Unless you order certified copies o  If you want to purchase a copy of the same time. \$3.00 for each actions.	he birth certificate, please su	bmit a check or n	oney order	of \$12.00 for a single copy and,		are ordered

Daytime Phone (

Send this completed form; a check or money order; and, a self-addressed, business-size, stamped envelope to: VITAL RECORDS, P.O. BOX 309,